

SERFF Tracking Number:	LBRM-125704687	State:	Arkansas
Filing Company:	Bridgefield Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-WC-AR-0457		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	BCIC AR Retro Endorsements		
Project Name/Number:	BCIC AR Retro Endorsements/08-WC-AR-0457		

Filing at a Glance

Company: Bridgefield Casualty Insurance Company

Product Name: BCIC AR Retro Endorsements SERFF Tr Num: LBRM-125704687 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-WC-AR-0457

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Authors: Ethel Lee, Liz McCarty

Disposition Date: 06/23/2008

Date Submitted: 06/20/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 10/01/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: BCIC AR Retro Endorsements

Status of Filing in Domicile: Not Filed

Project Number: 08-WC-AR-0457

Domicile Status Comments: N/A

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/23/2008

State Status Changed: 06/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to clarify our current retrospective endorsement for the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Company and Contact

Filing Contact Information

Ethel Lee, Regulatory Filing Senior Analyst ethel.lee@summitholdings.com

SERFF Tracking Number: LBRM-125704687 State: Arkansas
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Product Name: BCIC AR Retro Endorsements
Project Name/Number: BCIC AR Retro Endorsements/08-WC-AR-0457

2310 Commerce Point Drive (800) 282-7648 [Phone]
Lakeland, FL 33801 (863) 667-7232[FAX]

Filing Company Information

Bridgefield Casualty Insurance Company CoCode: 10335 State of Domicile: Florida
2310 Commerce Point Drive Group Code: 111 Company Type: Property &
Lakeland, FL 33801 Group Name: Liberty Mutual Agcy State ID Number:
(800) 282-7648 ext. [Phone] Mkts
FEIN Number: 59-3269531

<i>SERFF Tracking Number:</i>	<i>LBRM-125704687</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bridgefield Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$25.00 per form
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Bridgefield Casualty Insurance Company	\$50.00	06/20/2008	21014052

<i>SERFF Tracking Number:</i>	<i>LBRM-125704687</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>BCIC AR Retro Endorsements/08-WC-AR-0457</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/23/2008	06/23/2008

<i>SERFF Tracking Number:</i>	<i>LBRM-125704687</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bridgefield Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-WC-AR-0457</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>BCIC AR Retro Endorsements</i>		
<i>Project Name/Number:</i>	<i>BCIC AR Retro Endorsements/08-WC-AR-0457</i>		

Disposition

Disposition Date: 06/23/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LBRM-125704687	State:	Arkansas
Filing Company:	Bridgefield Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-WC-AR-0457		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	BCIC AR Retro Endorsements		
Project Name/Number:	BCIC AR Retro Endorsements/08-WC-AR-0457		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Filing Memorandum	Approved	Yes
Supporting Document	Form Filing Schedule F778	Approved	Yes
Form	1. Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Incurred Loss Retrospective Rating Plan	Approved	Yes
Form	2. Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Paid Loss Retrospective Rating Plan	Approved	Yes

SERFF Tracking Number: LBRM-125704687 State: Arkansas

Filing Company: Bridgefield Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-WC-AR-0457

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: BCIC AR Retro Endorsements

Project Name/Number: BCIC AR Retro Endorsements/08-WC-AR-0457

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	1. Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Incurred Loss Retrospective Rating Plan	WC 99 05 21 D	(6/08)	Endorsement/Amendment/Conditions	Replaced Form #: WC 99 05 21 C Previous Filing #: AR-PC-07-024721		WC 99 05 21 D _06-08_ - BCIC Incurred.pdf
Approved	2. Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Paid Loss Retrospective Rating Plan	WC 99 05 23 D	(6/08)	Endorsement/Amendment/Conditions	Replaced Form #: WC 99 05 23 C Previous Filing #: AR-PC-07-024721		WC 99 05 23 D _06-08_ BCIC Paid.pdf

BRIDGEFIELD CASUALTY INSURANCE COMPANY
RETROSPECTIVE PREMIUM ENDORSEMENT
ONE YEAR INCURRED LOSS RETROSPECTIVE RATING PLAN

This Endorsement is effective upon execution, the submission of the appropriate signed Notice of Election and the payment of the initial premium discussed below. By executing this Endorsement, the insured is electing to participate in the One Year Incurred Loss Retrospective Rating Plan (Plan) of the Bridgefield Casualty Insurance Company (Company). All of the terms and conditions of the Plan as filed and approved by the Department of Insurance (DOI) are hereby incorporated by reference herein.

The "Plan Period" is the one-year period beginning with the effective date of this Endorsement as shown on the Notice of Election, or as modified by E(1).

If an insured's audited Standard Premium is less than \$_____ the insured does not qualify for the Plan.

A. Definitions.

- (1) **Standard Premium** is the premium for the risk determined on the basis of elements approved by the DOI. All rating under the Plan will be made on the basis of Standard Premium. Standard Premium does not include the expense constant charge or the premium discount credit. Standard Premium is finalized after the final premium audit.
- (2) **Normal Premium** is the Standard Premium less allowed premium discount. Normal Premium is used only for the insured's initial premium obligation, prior to the Company's calculation of the insured's final Retrospective Premium.
- (3) **Basic Premium** is less than Standard Premium. It is Standard Premium times the basic premium factor. The attached Schedule shows a range of basic premium factors for differing Standard Premiums. The actual basic premium factor will be determined after the Standard Premium is finalized. If the insured's audited Standard Premium is not within the range on the Schedule, the Basic Premium will be calculated as indicated on the Schedule.
- (4) **Losses** include all amounts payable for benefits and expenses under State Statutes and the NCCI Unit Statistical Plan. Losses include such items as: indemnity payments, medical payments, managed care expenses, rehabilitation costs, interest on judgments, subrogation expenses, employers' liability, and allocated loss adjustments expenses (ALAE). ALAE includes such items as: cost containment expenses, surveillance costs and fees, defense or legal fees and expenses and any other expenses allocable to a specific claim. "Incurred Losses" is defined as all amounts paid and/or estimated to be paid on behalf of the insured for Losses. "Paid Losses" mean all Losses paid by the Company on behalf of the insured.
- (5) **Converted Incurred Losses** are Incurred Losses times the loss conversion factor. This factor is shown on the Schedule attached hereto.
- (6) **Tax Multiplier** increases the premium charged to the insured to include the assessments and taxes required to be paid by the Company. This factor is shown on the Schedule attached hereto.

- (7) **Retrospective Premium** is the total of the audited Standard Premium times the basic premium factor, plus Incurred Losses times the loss conversion factor, all times the Tax Multiplier. Retrospective Premium is the amount the insured must pay subject to the Minimum and Maximum Retrospective Premium amounts.
- (8) **Minimum Retrospective Premium** is the total of the Standard Premium times the basic premium factor times the Tax Multiplier. The Minimum Retrospective Premium is the minimum amount of Retrospective Premium an insured will pay. If any premium revisions or the audited Standard Premium is different than the estimated Standard Premium, the Minimum Retrospective Premium will be changed accordingly.
- (9) **Maximum Retrospective Premium** is the total of the Maximum Retrospective Premium factor (shown on the Schedule) times the Standard Premium. The Maximum Retrospective Premium is the maximum amount of Retrospective Premium an insured will pay. If any premium revisions or the audited Standard Premium is different than the estimated Standard Premium, Maximum Retrospective Premium will be changed accordingly.
- (10) **Terrorism Risk Insurance Act of 2002 (TRIA) and Its Amendments and Catastrophe (Other Than Certified Acts of Terrorism) Premium and Losses** are included under workers compensation. Premium charged for "acts of terrorism" as that term is defined and used under TRIA and its amendments and for catastrophe provisions such as Earthquakes, Noncertified Acts of Terrorism and Catastrophic Industrial Accidents are separate from, and in addition to, all other premium and charges under this Plan. As a result, covered losses arising from these events are not included in Losses for purposes of this Plan. Additionally, the expense constant charge is separate from, and in addition to, all other premium and charges under this Plan.

B. Financial Obligations.

- (1) **Initial Premium.** On or before the date this Endorsement is executed, the insured will pay an agreed upon portion of the Normal Premium. Thereafter, the insured will pay the balance of the Normal Premium according to the agreed upon payment plan. The Company will send the insured a monthly bill listing the insured's losses for the prior month and the insured's Normal Premium obligation, if any. All payments are due in accordance with the statement of account.
- (2) **Schedule of Retrospective Premium Adjustments and Returns.** The Company will calculate the Retrospective Premium using incurred loss information it has as of a date six (6) months after the Rating Plan period ends and for two (2) annual adjustments thereafter. If the Retrospective Premium derived from the formula in A(7) is less than the insured's normal premium, the insured may receive a return of 50% of the total expected return per the first adjustment and 75% of the expected return per the second adjustment, less any prior returns. The third adjustment is the final premium adjustment. If the Retrospective Premium derived from the formula in A(7) is greater than the insured's normal premium, the insured will be billed for normal premium until the final adjustment. Additionally, if at any time prior to the final adjustment the Retrospective Premium using paid losses is greater than the Normal Premium obligation, the insured will be billed for the excess, and for the insured's Normal Premium obligation.

The Company shall settle the entire amount of any premium audit adjustment after completion of such audit. The Company reserves the right to offset any amount due against premium adjustments due to the insured.

- (3) The insured acknowledges that the Company has the final authority on handling and the disposition of all claims hereunder. While the Company endeavors to work with its insureds in the handling of claims to keep its insureds advised at all times of the claim disposition, this is not always possible. Ultimately, it is the judgment of the Company that will prevail in the event of a disagreement between the Company and an insured with respect to the disposition of a claim.

- (4) **Non-Payment of Premium.** Under the terms of this plan, if the insured fails to pay any amount when due, the Company shall accelerate all of the insured's premium obligations based on the Company's projection of ultimate losses including ALAE, which shall become due and payable to the Company immediately. If the Company has to litigate for nonpayment of premium, the insured shall be responsible for all attorney fees not exceeding 25 percent of the sum of the delinquent amount and any delinquency and collection fee allowed by statute.

C. Subrogation

Subrogation Recoveries will be applied as follows:

- (1) First to the Company for payments made on behalf of the insured in excess of the Maximum Retrospective Premium for the plan period, and then to any payments made for converted paid losses times the tax multiplier which are overdue, if any.
- (2) Any remainder will be credited to the insured's account up to the amount that the insured has been billed.

D. The insured will provide current financial statements upon request.

E. Cancellation.

- (1) If the Policy is canceled, the date of cancellation of this Endorsement will be the end of the Plan Period.
- (2) If the Company cancels for nonpayment of premium, the Maximum Retrospective Premium will be based on the Standard Premium for the Plan Period, increased pro rata to 365 days.
- (3) If the insured cancels, the Standard Premium for the Rating Plan Period will be increased by the National Council on Compensation Insurance short rate table and procedure. This short rate premium will be used to determine the Basic Premium factor. The Maximum Retrospective Premium will be based on the Standard Premium for the Rating Plan Period, increased pro rata to 365 days.

F. The terms of this Endorsement shall prevail over conflicting terms in the Policy.

Insured acknowledges that it has read the terms of this Endorsement and they are understood and accepted by the insured and the Company.

Insured:

By _____ Title _____

Date: _____

Bridgefield Casualty Insurance Company:

By _____ Title _____

Date: _____

SCHEDULE

1. Loss Conversion Factor _____
Maximum Retrospective Premium Factor _____
Tax Multiplier _____

2. The basic premium factors shown below are based on estimates of Standard Premium within a given range and will be adjusted for all revisions in Standard Premium. If any premium revisions or the audited Standard Premium is different than the estimated Standard Premium, the basic factors will be changed accordingly using the table of basic premium factors approved by the Department of Insurance. No interpolation of Basic Premium Factors is allowed under this Plan.

	50%	100%	150%
Estimated Standard Premium	_____	_____	_____
Basic Premium Factor	_____	_____	_____
Minimum Premium Factor	_____	_____	_____

This endorsement changes the policy to which it is attached and is effective as shown on the Notice of Election.

Countersigned _____ Date _____

BRIDGEFIELD CASUALTY INSURANCE COMPANY
RETROSPECTIVE PREMIUM ENDORSEMENT
ONE YEAR PAID LOSS RETROSPECTIVE RATING PLAN

This Endorsement is effective upon execution, the submission of the appropriate signed Notice of Election, and the payment of the initial premium discussed below. By executing this Endorsement, the insured is electing to participate in the One Year Paid Loss Retrospective Rating Plan (Plan) of the Bridgefield Casualty Insurance Company (Company). All of the terms and conditions of the Plan as filed and approved by the Department of Insurance (DOI) are hereby incorporated by reference herein.

The "Plan Period" is the one-year period beginning with the effective date of this Endorsement as shown on the Notice of Election, or as modified under F(1).

If an insured's Standard Premium is less than \$_____, the insured does not qualify for the Plan.

A. Definitions.

- (1) **Standard Premium** is the premium for the risk determined on the basis of elements approved by the DOI. All rating under the Plan will be made on the basis of Standard Premium. Standard Premium does not include the expense constant charge or premium discount credit. Standard Premium is finalized after the final premium audit.
- (2) **Basic Premium** is less than Standard Premium. It is Standard Premium times the basic premium factor. The attached Schedule shows a range of basic premium factors for differing Standard Premiums. The actual basic premium factor will be determined after the Standard Premium is known. If the insured's audited Standard Premium is not within the range on the Schedule, the Basic Premium will be calculated as indicated on the Schedule.
- (3) **Losses** include all amounts payable for benefits and expenses under State Statutes and the NCCI Unit Statistical Plan. Losses include such items as: indemnity payments, medical payments, managed care expenses, rehabilitation costs, interest on judgments, subrogation expenses, employers' liability, and allocated loss adjustments expenses (ALAE). ALAE includes such items as: cost containment expenses, surveillance costs and fees, defense or legal fees and expenses and any other expenses allocable to a specific claim. "Paid Losses" mean all Losses paid by the Company on behalf of the insured.
- (4) **Converted Paid Losses** are Paid Losses times the loss conversion factor. This factor is shown on the Schedule attached hereto.
- (5) **Tax Multiplier** increases the premium charged to the insured to include the assessments and taxes required to be paid by the Company. The Multiplier is shown on the Schedule attached hereto.
- (6) **Retrospective Premium** is the total of the audited Standard Premium times the basic premium factor, plus Paid Losses times the loss conversion factor, all times the Tax Multiplier. Retrospective Premium is the amount the insured must pay subject to the Minimum and Maximum Retrospective Premium amounts.
- (7) **Minimum Retrospective Premium** is the total of Standard Premium times the basic premium factor times the Tax Multiplier. The Minimum Retrospective Premium is the minimum amount of Retrospective

Premium the insured will pay. If any premium revisions or the audited Standard Premium is different than the estimated Standard Premium, the Minimum Retrospective Premium will be changed accordingly.

- (8) **Maximum Retrospective Premium** is the total of the Maximum Retrospective Premium factor (shown on the Schedule) times Standard Premium. The Maximum Retrospective Premium is the maximum amount of Retrospective Premium an insured will pay. If any premium revisions or the audited Standard Premium is different than the estimated Standard Premium, the Maximum Retrospective Premium will be changed accordingly.
- (9) **Terrorism Risk Insurance Act of 2002 (TRIA) and Its Amendments and Catastrophe (Other Than Certified Acts of Terrorism) Premium and Losses** are included under workers compensation. Premium charged for "acts of terrorism" as that term is defined and used under TRIA and its amendments and for catastrophe provisions such as Earthquakes, Noncertified Acts of Terrorism, and Catastrophic Industrial Accidents are separate from, and in addition to, all other premium and charges under this Plan. As a result, covered losses arising from these events are not included in Losses for purposes of this Plan. Additionally, the expense constant charge is separate from, and in addition to, all other premium and charges under this Plan.

B. Financial Obligations.

- (1) **Initial premium.** On or before the date this Endorsement is executed, the insured must pay an installment of the Minimum Retrospective Premium and the claims deposit referenced by C(1). The number and method of Minimum Retrospective Premium installment payments will be agreed to by the parties. Within 30 days of executing this Endorsement, the insured must provide the security required by C(2).
- (2) **Ongoing.** The insured will pay all Minimum Retrospective Premium Installments when due. The insured will also pay Converted Paid Losses times the Tax Multiplier. The Company may reimburse itself for the amount of Converted Paid Losses times the Tax Multiplier from the claims deposit.
- (3) If the insured fails to make any of the payments listed above, the Company has the authority to call the insured's security deposit and claims deposit and the Company shall accelerate all of the insured's premium obligation based on the Company's projection of ultimate losses including ALAE, which shall become due and payable to the Company immediately. If the Company has to litigate for nonpayment of premium, the insured shall be responsible for all attorney fees not exceeding 25 percent of the sum of the delinquent amount and any delinquency and collection fee allowed by statute.

C. Claims Deposit and Security Obligation.

- (1) **Claims Deposit.** As set forth in B(1) the insured will make a claims deposit of _____ on or before the effective date of this Endorsement. The insured will maintain the claims deposit at _____ or, if required by the Company, an adjusted amount. The insured will make periodic payments to adjust and/or reimburse the claims deposit as required by the Company to replace amounts withdrawn to pay Converted Paid Losses times the Tax Multiplier. If the insured fails to timely replenish the claims deposit amount, the Company may draw the overdue amount from the security posted by the insured under (C)2.
- (2) **Security Deposit.** Within 30 days of the effective date of this Endorsement, the insured will provide security acceptable to the Company in the amount of _____. The security is collateral for the insured's financial obligations under this Endorsement. The Company may require the insured to increase

the security to reflect such items as reserves and/or premium adjustments. If the Company draws against the security, the insured will provide the Company with replacement security in a form and amount acceptable to the Company within 5 business days of notice. If the member fails to maintain the required security as determined by the Company or if the A.M. Best rating of any bonding company furnishing a bond as security falls below "A-" and the bond is not replaced by security acceptable to the Company, then the Company shall accelerate all premium obligations based on the Company's projection of ultimate losses including ALAE, which shall become due and payable to the Company immediately.

- (3) The insured acknowledges that the Company has the final authority on handling and the disposition of all claims hereunder. While the Company endeavors to work with its insureds in the handling of claims and to keep its insureds advised at all times of the claim disposition, this is not always possible. Ultimately, it is the judgment of the Company that will prevail in the event of a disagreement between the Company and an insured with respect to the disposition of a claim.

D. Subrogation.

Subrogation recoveries will be applied as follows:

- (1) First to the Company for payments made on behalf of the insured in excess of the Maximum Retrospective Premium for the Plan Period, and then to any payments made for Converted Paid Losses times the Tax Multiplier which are overdue, if any.
- (2) Any remainder will be credited to the insured's account up to the amount that the insured has been billed.

E. The insured will provide current financial statements upon request.

F. Cancellation.

- (1) If the Policy is canceled, the date of cancellation will be the end of the Plan Period.
- (2) If the Company cancels for nonpayment of premium or other amounts due, the Maximum Retrospective Premium will be based on the Standard Premium for the Plan Period, increased pro rata to 365 days.
- (3) If the insured cancels, the Standard Premium for the Rating Plan Period will be increased by the National Council on Compensation Insurance short rate table and procedure. This short rate premium will be used to determine the basic premium factor. The maximum retrospective premium will be based on the Standard Premium for the Rating Plan Period, increased pro rata to 365 days.

G. The terms of this Endorsement shall prevail over conflicting terms in the Policy.

Insured acknowledges that it has read the terms of this Endorsement and they are understood and accepted by the Insured and the Company.

Insured:

By _____ Title _____

Date: _____

Bridgefield Casualty Insurance Company:

By _____ Title _____

Date: _____

SCHEDULE

1. Loss Conversion Factor _____
Maximum Retrospective Premium Factor _____
Tax Multiplier _____
2. The basic premium factors shown here are based on estimates of Standard Premium within a given range. If any premium revisions or the audited Standard Premium is different than the estimated Standard Premium below, the basic factors will be changed accordingly using the table of basic premium factors approved by the Department of Insurance. No interpolation of Basic Premium Factors is allowed under this plan.

	50%	100%	150%
Estimated Standard Premium	_____	_____	_____
Basic Premium Factor	_____	_____	_____
Minimum Premium Factor	_____	_____	_____

This endorsement changes the policy to which it is attached and is effective as shown on the Notice of Election.

Countersigned by _____ Date _____

<i>SERFF Tracking Number:</i>	<i>LBRM-125704687</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Bridgefield Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>BCIC AR Retro Endorsements</i>		
<i>Project Name/Number:</i>	<i>BCIC AR Retro Endorsements/08-WC-AR-0457</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125704687 State: Arkansas
Filing Company: Bridgefield Casualty Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: 08-WC-AR-0457
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: BCIC AR Retro Endorsements
Project Name/Number: BCIC AR Retro Endorsements/08-WC-AR-0457

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 06/23/2008

Comments:

Attachment:

F777AR_021307 P Trans Docu 08WCAR0457.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 06/23/2008

Comments:

Attachment:

Cover Letter 0WCAR0457 Retro Endts TRIPRA.pdf

Satisfied -Name: Filing Memorandum **Review Status:** Approved 06/23/2008

Comments:

Attachment:

Filing Memorandum 08-WC-AR-0457.pdf

Satisfied -Name: Form Filing Schedule F778 **Review Status:** Approved 06/23/2008

Comments:

Attachment:

F778MS_021307 Sched 08-WC-AR-0457.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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3. Group Name	Group NAIC #
Liberty Mutual Insurance Group	0111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Bridgefield Casualty Insurance Company	FL	10335	59-3269531	FL

5. Company Tracking Number	08-WC-AR-0457
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Mr. Robert A. Laramore Summit Consulting, Inc., MGA	Director of Regulations & Reinsurance	1-800-282-7648	863-667-7218	bob.laramore@ summitholdings.com
P.O. Box 988 Lakeland, FL 33802-0988				

7. Signature of authorized filer	
8. Please print name of authorized filer	Robert A. Laramore

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0000 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	n/a
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/01/2008 Renewal: 10/01/2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	06/19/2008
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	08-WC-AR-0457
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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See Filing Memorandum

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



SOUTHWEST REGION

P.O. BOX 80439 ■ BATON ROUGE, LA 70898-0439
(225) 926-3264 ■ 1-800-421-2944
FAX (225) 926-4102

FLORIDA

P.O. BOX 988 ■ LAKELAND, FL 33802-0988
(863) 665-6060 ■ 1-800-282-7648
FAX (863) 666-1958

SOUTHEAST REGION

P.O. BOX 600 ■ GAINESVILLE, GA 30503-0600
(678) 450-5825 ■ 1-800-971-2667
FAX (770) 531-1349

June 19, 2008

Ms. Julie Benafield Bowman, Insurance Commissioner
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

Re: Bridgefield Casualty Insurance Company
Workers Compensation Insurance
Revised Filing of Workers Compensation Forms
NAIC Number 10335
BCIC Filing Number 08-WC-AR-0457

Dear Ms. Bowman:

Bridgefield Casualty Insurance Company is licensed to write workers compensation insurance in the state of Arkansas. We are submitting for your review and approval the revised Bridgefield Casualty Insurance Company, Retrospective Premium Endorsements. This filing serves to clarify our current retrospective endorsements for the Terrorism Risk Insurance Program Reauthorization Act of 2007. An effective date of October 1, 2008 is requested.

Included in this filing are:

1. Cover Letter
2. Filing Memorandum
3. Property & Casualty Transmittal Document, PC TD-1
4. Form Filing Schedule, PC FFS-1
5. Retrospective Premium Endorsement One Year Incurred Loss Retrospective Plan, WC 99 05 21 D (6/08)
6. Retrospective Premium Endorsement One Year Paid Loss Retrospective Plan, WC 99 05 23 D (6/08)

Please send all questions and correspondence to: Bridgefield Casualty Insurance Company
ATTN: Robert Laramore
P.O. Box 988
Lakeland, FL 33802-0988
Email: bob.laramore@summitholdings.com
Phone 1-800-282-7648, ext. 3652

To the best of my knowledge, this filing is in compliance with the statutes, rules and regulations of the State of Arkansas.

Sincerely,

Robert A. Laramore
Director of Regulation & Reinsurance
Summit Consulting, Inc.,
Managing General Agent

RAL/el
Enclosures

Bridgefield Casualty Insurance Company is an affiliate of and is managed by Summit, "The People Who Know Workers' Comp"[®]
Summit includes Summit Consulting Inc. and Summit Consulting Inc. of Louisiana
www.summitholdings.com

Filing Memorandum
Bridgefield Casualty Insurance Company
08-WC-AR-0457

Purpose

The purpose of this filing is to clarify our current retrospective endorsement for the Terrorism Risk Insurance Program Reauthorization Act of 2007.

Proposal

The filing includes:

1. Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Incurred Loss Retrospective Rating Plan, WC 99 05 21 D (6/08)

Definition (10) has been revised.

2. Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Paid Loss Retrospective Rating Plan, WC 99 05 23 D (6/08)

Definition (9) has been revised.

Definitions now read:

Terrorism Risk Insurance Act of 2002 (TRIA) and Its Amendments and Catastrophe (Other Than Certified Acts of Terrorism) Premium and Losses are included under workers compensation. Premium charged for “acts of terrorism” as that term is defined and used under TRIA and its amendments and for catastrophe provisions such as Earthquakes, Noncertified Acts of Terrorism and Catastrophic Industrial Accidents are separate from, and in addition to, all other premium and charges under this Plan. As a result, covered losses arising from these events are not included in Losses for purposes of this Plan. Additionally, the expense constant charge is separate from, and in addition to, all other premium and charges under this Plan.

Impact

This filing will not affect current premium levels.

Proposed Effective Date

Bridgefield Casualty Insurance Company requests an effective date of October 1, 2008

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		08-WC-AR-0457		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Incurred Loss Retrospective Rating Plan	WC 99 05 21 D (6/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 99 05 21 C (5/07)	AR-PC-07-024721
02	Bridgefield Casualty Insurance Company, Retrospective Premium Endorsement, One Year Paid Loss Retrospective Rating Plan	WC 99 05 23 D (6/08)	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	WC 99 05 23 C (5/07)	AR-PC-07-024721
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		